



West Virginia HealthCheck

Preventive Health Screen Page 3 Technical Assistance

- Any treatment plan that necessitates services that exceed benefit limitations or services that are not included in West Virginia's State Medicaid Plan must be documented during a HealthCheck initial, periodic, or interperiodic screening.
- Prior authorization is required for any item or service that exceeds benefit limitations or any item or service that is not included in West Virginia's State Medicaid Plan, the need for which having been identified during a HealthCheck initial, periodic, or interperiodic screening.
- When requesting an item or service requiring prior authorization it is the responsibility of the prescribing primary care provider to submit the **(1)** appropriate clinical documentation i.e., ICD-10 code(s), all information required on the **(2)** Preventive Health Screening (PHS) Form Page 3, **(3)** the appropriate prior authorization form, for service of item, along with corresponding documentation of the **(4)** HealthCheck screening (initial, periodic, or interperiodic) encounter and other pertinent documentation from the preceding six (6) months.
- "EP" is the required modifier for all HealthCheck claim details. Utilizing the appropriate evaluation and management (E&M) code with the "EP" modifier appended, the primary care provider designates all services related to early and periodic screening, diagnosis and treatment (EPSDT) of the Medicaid eligible individual. Contact the appropriate Managed Care Organization (MCO) for any specific MCO questions.

Requests for prior authorization should be sent directly from the primary care provider to the specific fax number listed on the appropriate item/service prior authorization form.

For further information:

Acentra Health

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Fax: 866-209-9632

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West Virginia HealthCheck Program

1-800-642-9704

dhhr.wv.gov/healthcheck

